



Request for Distributorship

First and Last Name: _____

Title: _____ Contact#: _____ Extension: _____

Company Name: _____ DBA: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____ Website: _____

Tell us about your company

What is your main business:

Which Countries are your focus:

Which Products are you interested in: (please check all that apply.)	The Bodyguard	0
	The Inspector	0
	The Detective.	0
	The Survivor	0

Does your company currently sell rapid tests of any kind:

If so, what brand:
